

Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) in Duval County, Epidemiology

February 2016



Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
 - Notifiable diseases
 - Outbreaks

Report Summary – February 2016

The month of February included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Influenza-like illness (ILI) activity is increased locally and statewide. DOH-Duval continues to observe enteric illnesses.

Information on the *Current Information on the Ebola Outbreak in West Africa* is highlighted in the other Notable Trends and Statistics section. Lastly, this edition's *notable investigation of the month* summarizes the most recent information regarding Zika Fever in Florida.

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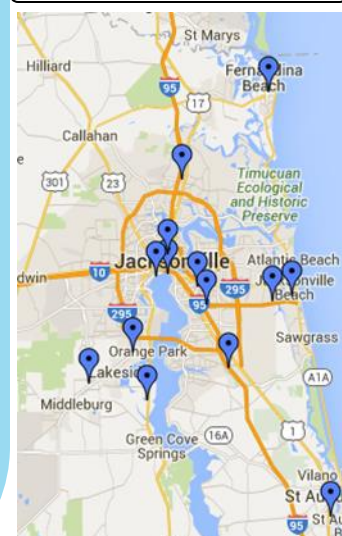
Notable Investigations of the Month Case of Legionellosis in a Long-Term Care Facility

In late February, DOH-Duval Epidemiology received a *L. pneumophilla* (1) serum of 1:64 in an 82 year old female with multiple underlying health issues, hospitalized for pneumonia. The patient reported symptoms of fever, headache and cough. Further investigation determined that the patient was a resident of a LTCF. A single sporadic case in a health care facility constitutes a full investigation. In order to meet the case definition, an S1 and S2 are required. Epidemiology facilitated the collection of S2 from the hospital, which resulted as *L. pneumophilla* (1) 1:256 which meets the case definition of a four-fold increase in titer.

A joint investigation was conducted and included Environmental Health, the Regional Epidemiologist, DOH-Duval and the LTCF. The investigation took note of the facility's maintenance records, water inspection records, construction and/or plumbing modifications and if any legionella prevention plan was in effect.

Since mid-February, a total of eight other residents were identified as having pneumonia. The incubation period of *Legionella* varies from 2-10 days. All eight patients spent the entire two weeks prior to onset within the facility. Four of those residents have tested negative by Urine Antigen, and four are currently pending.

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

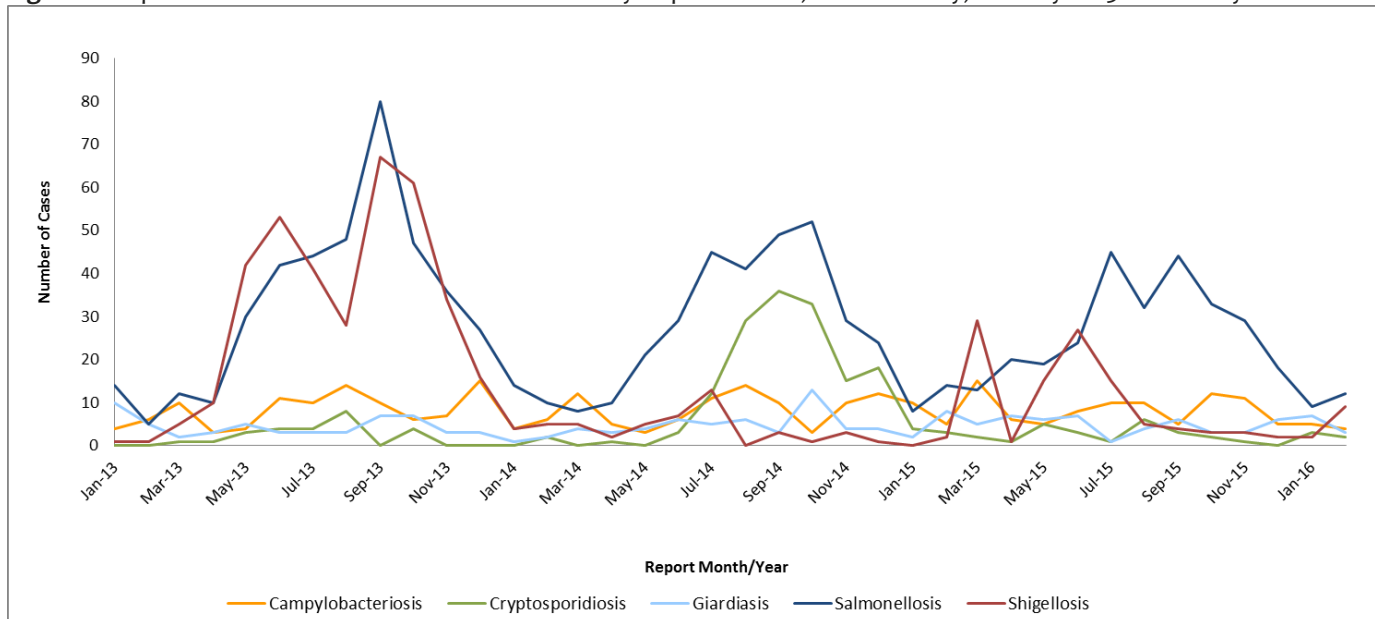
Reported cases of salmonellosis continued to occur at low levels during the month of February (Figure 2). Twelve (12) cases of salmonellosis were reported in February in Duval residents, which is higher than the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 8.8 cases. The most represented age group of reported cases of salmonellosis thus far in 2016 occurred in the 0-4 age group (10/24, 41.7%). Cases of giardia (3), campylobacteriosis (3) and cryptosporidium (2) all decreased in February, while cases of shigellosis (9) and salmonellosis (12) increased (Figure 2).

Norovirus continues to circulate in Florida. There has been one confirmed norovirus outbreak associated with an assisted living facility in Duval during the month of March. During February three confirmed outbreaks of norovirus were reported (1 Norovirus GII and 2 Unspecified Norovirus). Six outbreaks of norovirus occurred within the State of Florida during the month of January. (Source: FDENS EpiCom & DOH- Duval surveillance).

For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2013 – February 2016



Additional Enteric Disease Trends Update

Figure 3: Reported Cases of Salmonellosis by Report Week- Duval County – Week 1, 2014- Week 8, 2016

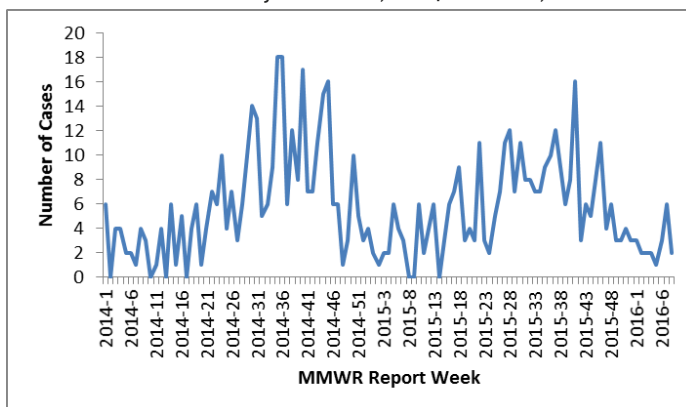
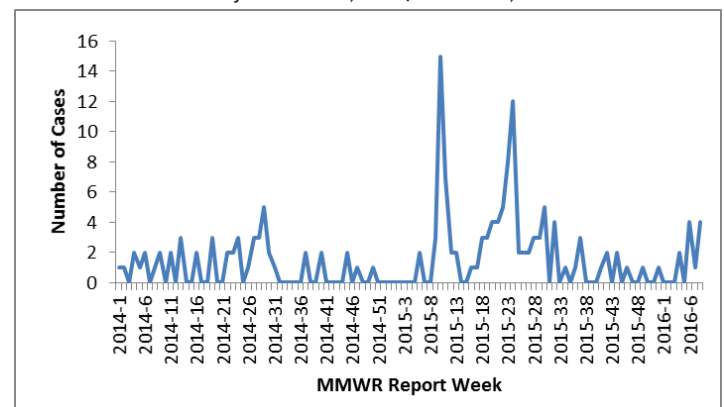


Figure 4: Reported Cases of Shigellosis Report Week- Duval County – Week 1, 2014- Week 8, 2016



Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a moderate level and continues to increase as we progress through influenza season. In Duval County, ED visits for ILI as monitored through ESSENCE remained above 2% for the majority of February (Figure 7), and is expected to remain above 1% for the remainder of the flu season. In February, there were seventy-one (71) positive influenza results within Duval County that were tested at the Bureau of Public Health Labs (BPHL) - Jacksonville. ILI ED visits in the over 55 population is increasing but remain consistent with what has occurred in previous influenza seasons (Figure 6). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: <http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

Figure 5: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=9)

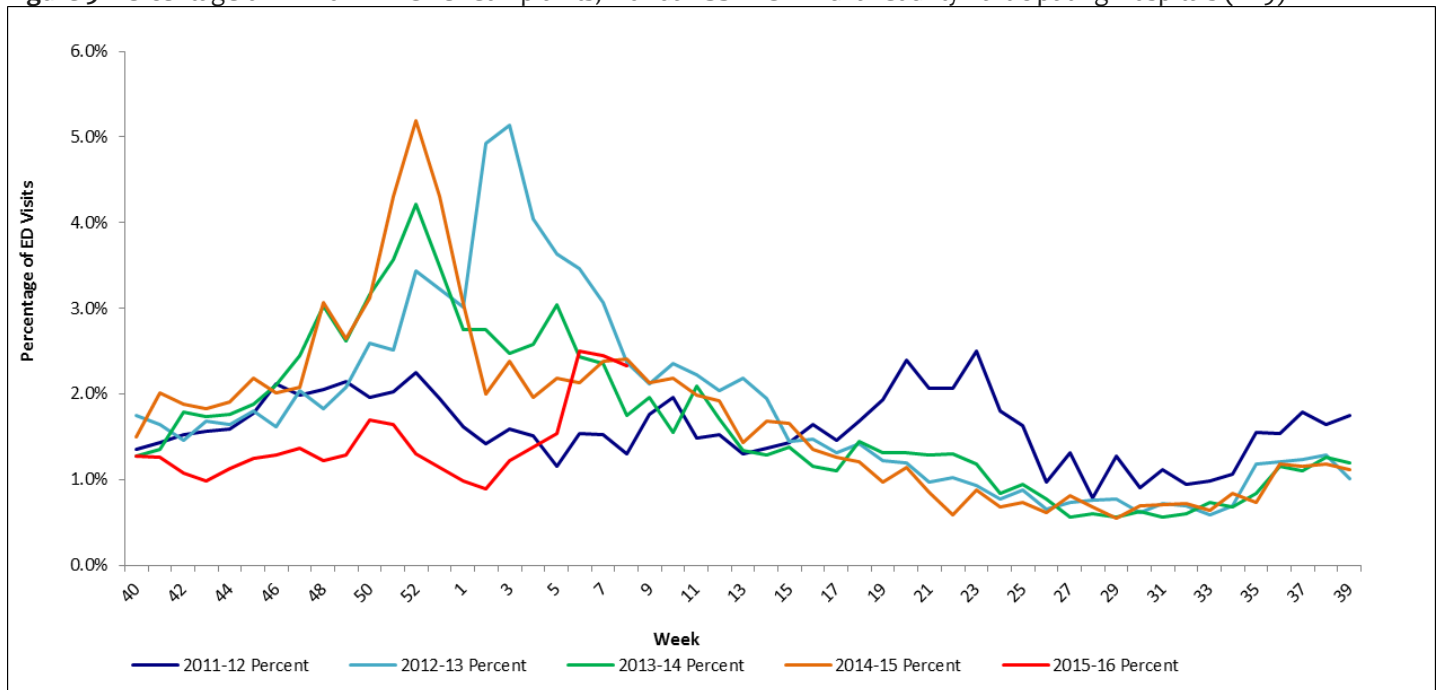
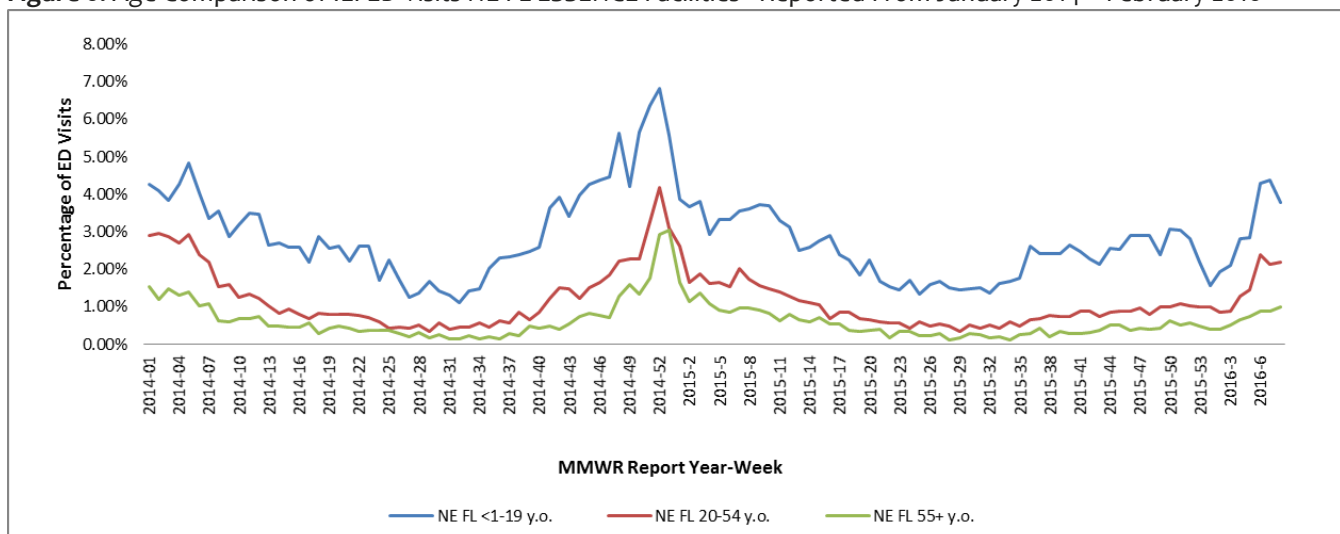


Figure 6: Age Comparison of ILI ED Visits NE FL ESSENCE Facilities - Reported From January 2014 – February 2016



Respiratory Disease & ILI Overview Continued

Summary

Within the last month, two hundred and thirty-nine (239) specimens tested positive for influenza, by All Sending Applications. Of specified samples, Influenza A H1N1 Novel (41) is the primary circulating subtype detected by private labs (as reported through Electronic Lab Reporting (ELR), Figure 8).

Figure 7: Number of Specimens Tested by FL Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date – Week 1, 2013 - Week 8, 2016 as Reported by Merlin - Duval County

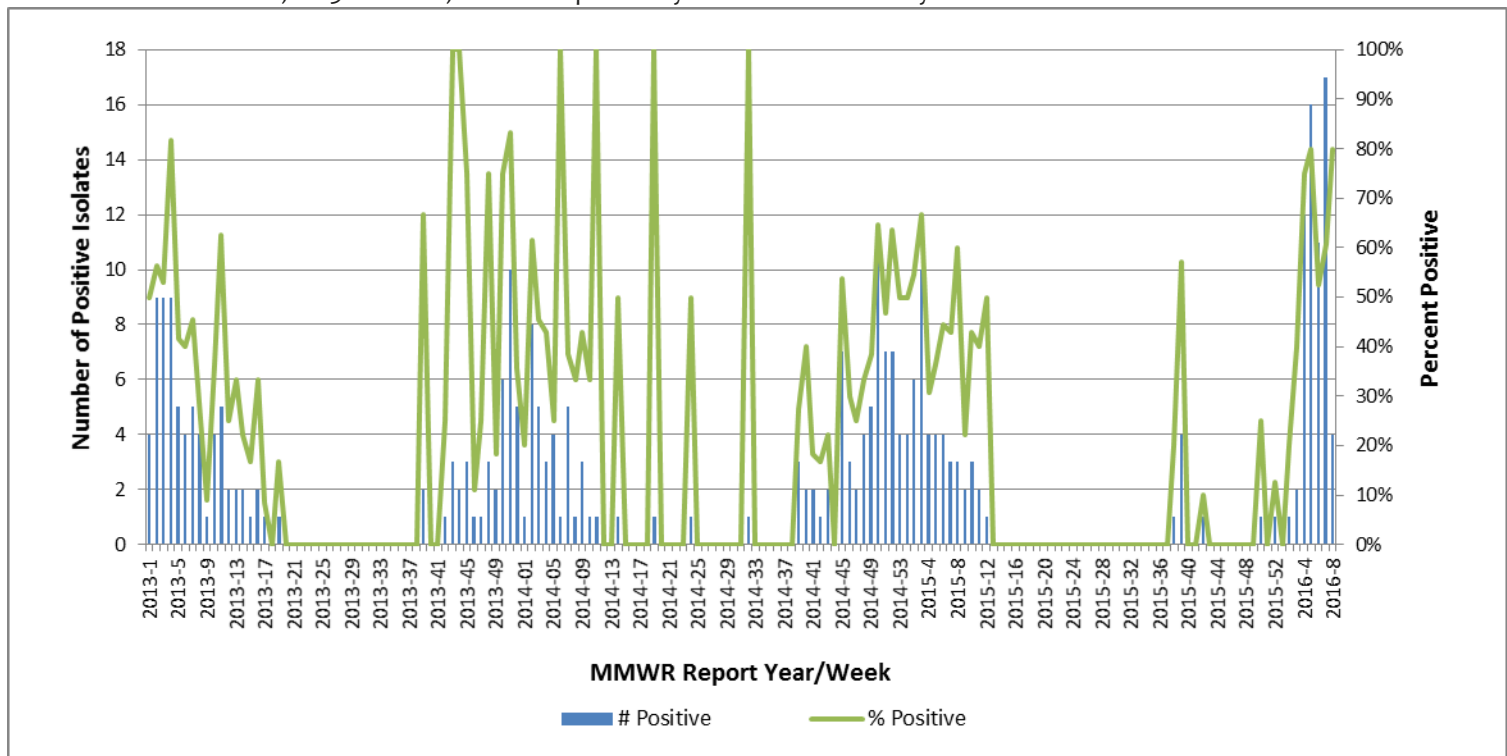
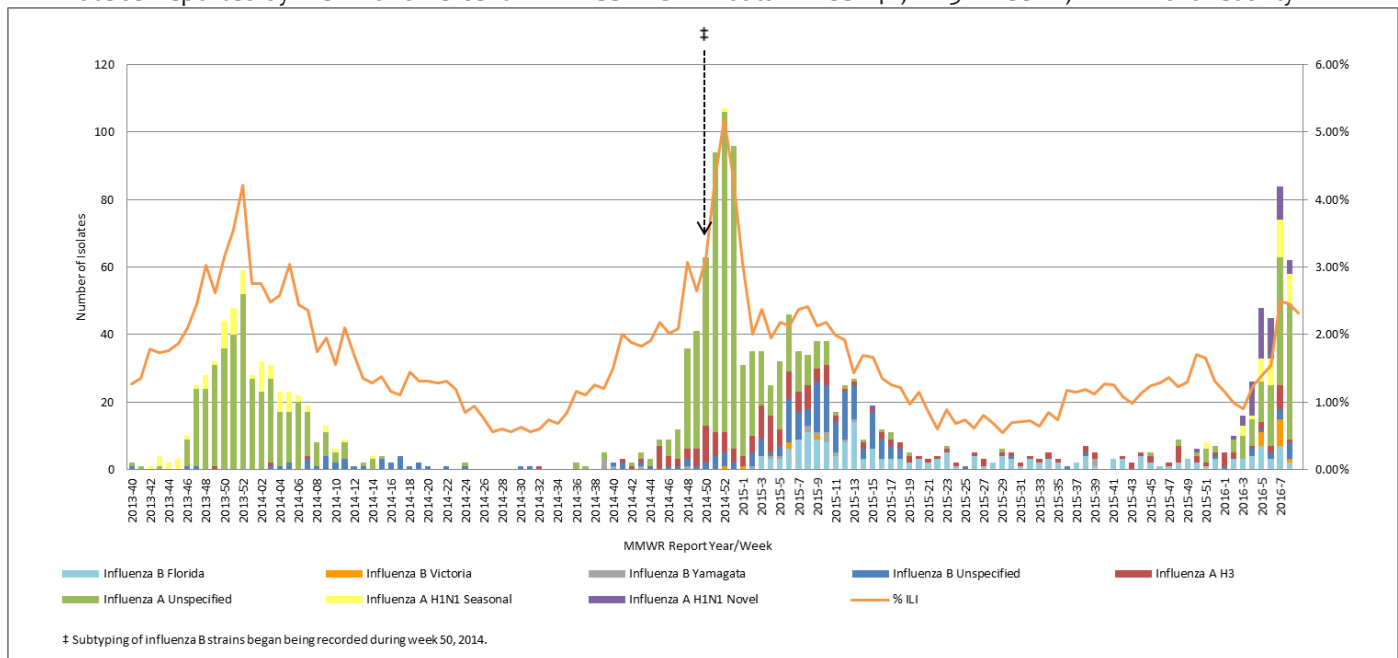


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 40, 2013 - Week 8, 2016 - Duval County



Respiratory Virus Surveillance

Summary

Circulation of influenza continues at an increasing level, levels of RSV decreased during the month of February. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported in February by local hospital data is 23.81% (271/1138) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of February was 6.59% (28/425) (Figure 11). In January, the percent positive for influenza via this reporting system was 7.67% and for RSV the percent positive was 19.0%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 11/3/2013-2/27/2016

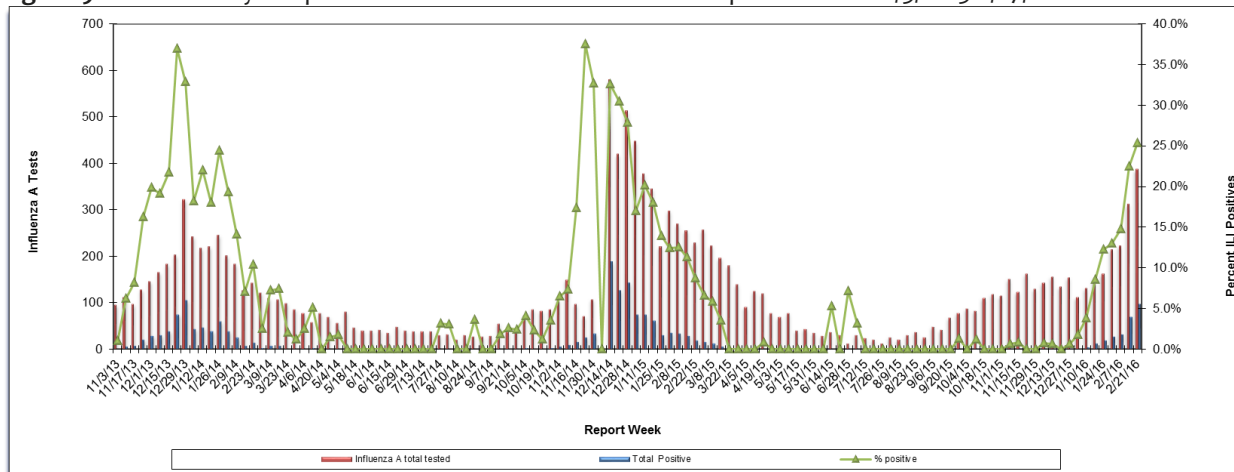


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 11/3/2013-2/27/2016

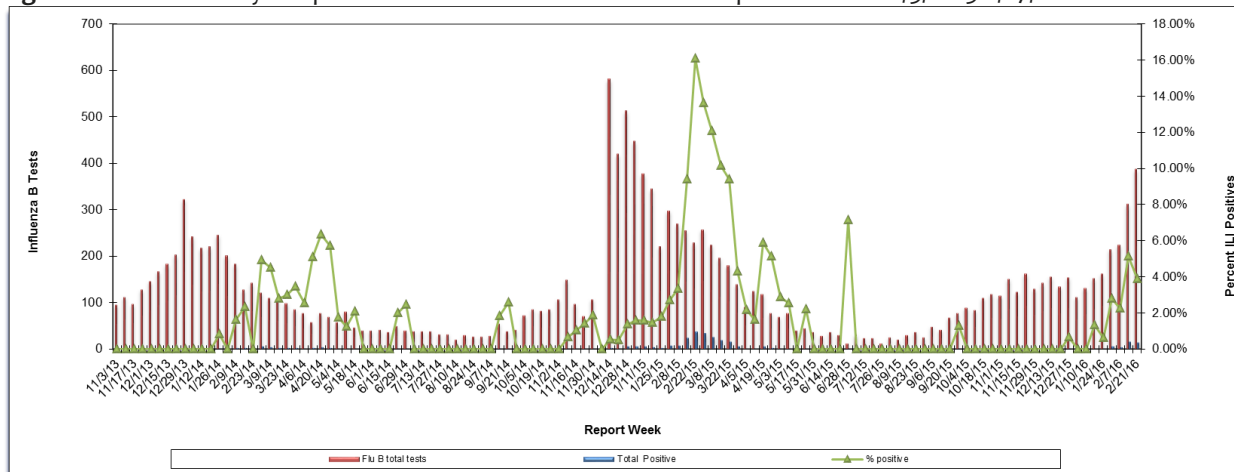
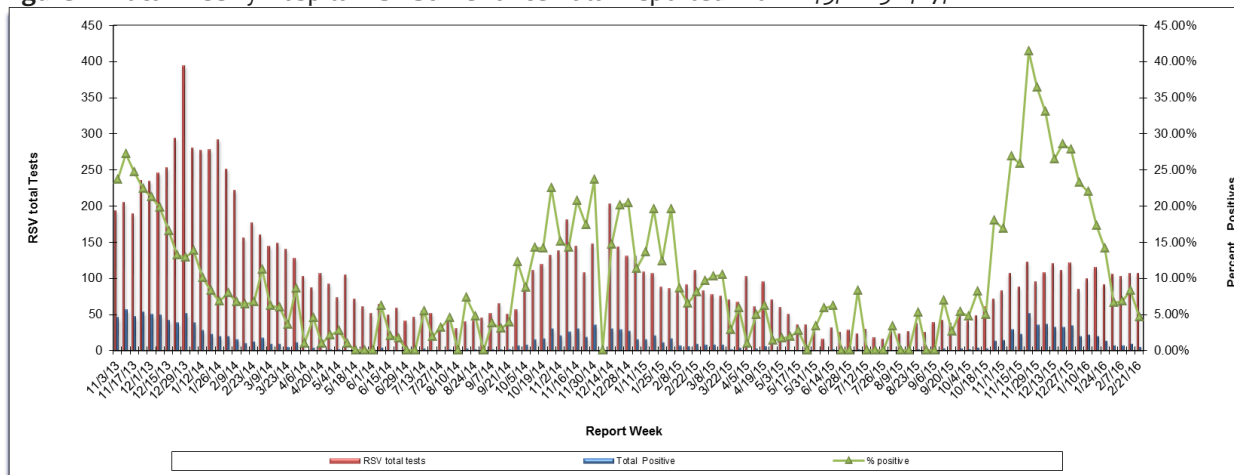


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 11/3/2013-2/27/2016



* Data was not reported for week 50, 2014

Florida Mosquito-Borne Disease Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV). **Resources:** <http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

Figure 12: Florida Arbovirus Surveillance
(January 1, 2016- March 5, 2016)

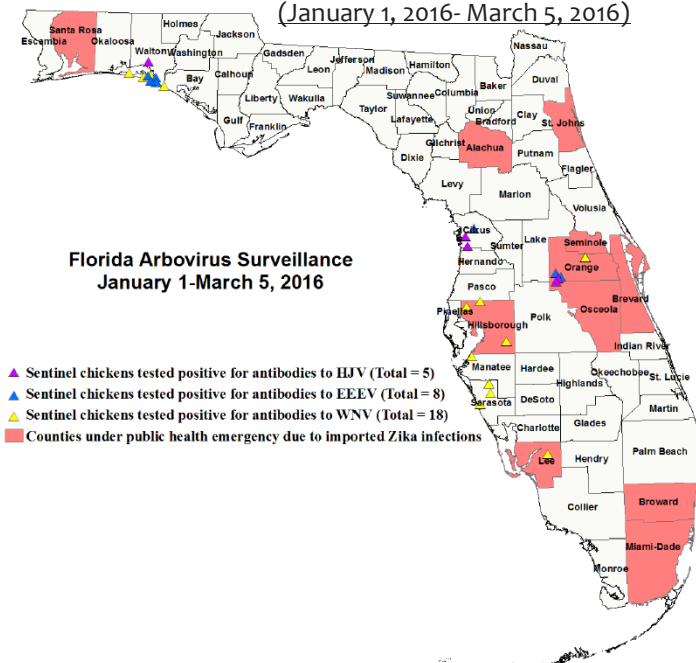


Table 1: Florida Mosquito-Borne Disease Surveillance Summary
Year to Date (January 1, 2016 to March 5, 2016)

| Mosquito-Borne Disease | Human | Horses | Sentinel Chickens | Birds | Goats |
|---------------------------------------|-------|--------|-------------------|-------|-------|
| West Nile Virus | - | - | 18 | - | - |
| St. Louis Encephalitis Virus | - | - | - | - | - |
| Highlands J Virus | - | - | 5 | - | - |
| California Encephalitis Group Viruses | - | - | - | - | - |
| Eastern Equine Encephalitis Virus | - | - | 8 | - | - |

State of Florida 2016 Human Case Summary

International Travel-Associated Chikungunya Fever Cases: No cases of chikungunya with onset in 2016 have been reported in individuals with travel history to a chikungunya endemic country in the two weeks prior to onset.

International Travel-Associated Dengue Fever Cases: Seven cases of dengue with onset in 2016 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Brazil, Colombia, Costa Rica, Cuba (2), Haiti, and Venezuela. Counties reporting cases were: Broward, Clay, Miami-Dade (2), Orange, Palm Beach, and Sarasota. In 2016, six cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

| | # of cases per serotype – 2016 |
|--------|--------------------------------|
| DENV-1 | 1 |
| DENV-3 | 2 |
| DENV-4 | 3 |
| | 6 |

International Travel-Associated Zika Fever Cases: Fifty cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity. Countries of origin were: Brazil (4), Colombia (13), Costa Rica, El Salvador (2), Haiti (9), Honduras (3), Honduras/Guatemala, Nicaragua (4), Puerto Rico (3), and Venezuela (10). Counties reporting cases were: Alachua, Brevard, Broward (7), Hillsborough (3), Lee (3), Miami-Dade (24), Orange (3), Osceola, St. Johns, Santa Rosa, and Seminole. One case was reported in a non-Florida resident. Four of the 50 cases involve pregnant women whose counties of residence are not included in the individual county totals to protect privacy.

International Travel-Associated Malaria Cases: Four cases of malaria with onset in 2016 have been reported. Countries of origin were: Cameroon, Kenya, Sudan, and Uganda. Counties reporting cases were: Flagler, Hillsborough, Orange, and Sarasota Counties. Three cases (75%) were diagnosed with *Plasmodium falciparum*. One case (25%) was diagnosed with *Plasmodium malariae*.

Other notable trends and statistics

Zika Fever Update:

On Feb. 3, Governor Scott directed State Surgeon General and Secretary of Health Dr. John Armstrong to issue a Declaration of Public Health Emergency for the counties of residents with travel-associated cases of Zika. The Declaration currently includes the 12 affected counties – Alachua, Brevard, Broward, Hillsborough, Lee, Miami-Dade, Orange, Osceola, Polk, Santa Rosa, Seminole and St. Johns – and will be updated as needed.

Last week, following news of the first confirmation of a sexually transmitted Zika case in Polk County from an individual who traveled out of the country, Governor Rick Scott asked the CDC to host another conference call with Florida healthcare workers on how Zika is spread, its symptoms, treatments and proper precautions.

On Feb. 12, Governor Scott directed State Surgeon General Dr. John Armstrong to activate a Zika Virus Information Hotline for current Florida residents and visitors, as well as anyone planning on traveling to Florida in the near future. The hotline, managed by the Department of Health, has assisted 1,012 callers since it launched. The number for the Zika Virus Information Hotline is 1-855-622-6735.

| County | Number of Cases (all travel related) |
|---------------------------------|--------------------------------------|
| Alachua | 1 |
| Brevard | 1 |
| Broward | 8 |
| Hillsborough | 3 |
| Lee | 3 |
| Miami-Dade | 28 |
| Orange | 4 |
| Osceola | 3 |
| Polk | 2 |
| Santa Rosa | 1 |
| Seminole | 1 |
| St. Johns | 1 |
| Cases involving pregnant women* | 4 |
| Total | 60 |

*Counties of pregnant women will not be shared.

Table 2: Tuberculosis (TB) Surveillance – Duval County - 1/1/2016 through 3/5/2016 – All data are provisional
Fifty two (52) cases of TB were reported by Duval County in 2015.

| Demographics and risk factors of TB cases reported year-to-date for 2016. | | | | | | | |
|---|-------|-------------|---------|-------------------------------------|-------|-------------|---------|
| | Count | Total Cases | Percent | | Count | Total Cases | Percent |
| Gender | | | | Risk Factors | | | |
| Male | 7 | 7 | 100.0% | Excess alcohol use within past year | 0 | 7 | 0.0% |
| Female | 0 | 7 | 0.0% | HIV co-infection* | 1 | 7 | 14.3% |
| Country of Origin | | | | Drug use within past year | 0 | 7 | 0.0% |
| U.S. | 4 | 7 | 57.1% | Homeless | 1 | 7 | 14.3% |
| Non-U.S. | 3 | 7 | 42.9% | Incarcerated at diagnosis | 0 | 7 | 0.0% |
| Age Group | | | | Unemployed | 2 | 7 | 28.6% |
| < 5 | 0 | 7 | 0.0% | Race/ Ethnicity | | | |
| 5-14 | 1 | 7 | 14.3% | Asian | 2 | 7 | 28.6% |
| 15-24 | 0 | 7 | 0.0% | Black | 4 | 7 | 57.1% |
| 25-44 | 3 | 7 | 42.9% | White | 1 | 7 | 14.3% |
| 45-64 | 3 | 7 | 42.9% | Hispanic** | 0 | 7 | 0.0% |
| ≥ 65 | 0 | 7 | 0.0% | Drug Resistance | | | |
| | | | | Resistant to isoniazid*** | 0 | 1 | 0.0% |

* One person has not been offered HIV testing at the time of this report

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

*** For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed.

For more tuberculosis surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/>

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, February 2016

| | Duval County | | | | | | Florida | | | | | |
|--|--------------|------|-------|---------|------------------|------|---------|------|-------|---------|------------------|------|
| | Month | | | | Cumulative (YTD) | | Month | | | | Cumulative (YTD) | |
| | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 |
| A. Vaccine Preventable Diseases | | | | | | | | | | | | |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.4 | 0 | 0 | 3 |
| Mumps | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.2 | 0 | 1 | 1 |
| Pertussis | 0 | 7 | 2.6 | 2 | 1 | 10 | 36 | 33 | 36.6 | 37 | 71 | 57 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 1 |
| Varicella | 3 | 3 | 2.6 | 3 | 8 | 8 | 109 | 77 | 70.8 | 77 | 185 | 134 |
| B. CNS Diseases & Bacteremias | | | | | | | | | | | | |
| Creutzfeldt-Jakob Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 1.8 | 1 | 1 | 7 |
| <i>H. influenzae</i> (invasive) | 3 | 2 | 1.8 | 2 | 8 | 3 | 23 | 14 | 22.8 | 24 | 61 | 35 |
| Meningitis (bacterial, cryptococcal, mycotic) | 0 | 1 | 1.2 | 1 | 0 | 3 | 14 | 8 | 11.6 | 11 | 26 | 19 |
| Meningococcal Disease | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 5.8 | 5 | 2 | 8 |
| <i>Staphylococcus aureus</i> (VISA) | 0 | 0 | 0.4 | 0 | 0 | 0 | 0 | 0 | 0.6 | 0 | 1 | 1 |
| <i>Staphylococcus aureus</i> (VRSA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Streptococcus pneumoniae</i> (invasive disease) | | | | | | | | | | | | |
| Drug resistant | 3 | 1 | 4.2 | 5 | 5 | 3 | 23 | 14 | 55 | 59 | 48 | 36 |
| Drug susceptible | 3 | 1 | 2.6 | 3 | 7 | 1 | 52 | 35 | 69.4 | 76 | 122 | 67 |
| C. Enteric Infections | | | | | | | | | | | | |
| Campylobacteriosis | 4 | 5 | 5.2 | 5 | 9 | 15 | 165 | 169 | 150.4 | 151 | 307 | 343 |
| Cryptosporidiosis | 2 | 3 | 1.6 | 2 | 5 | 8 | 42 | 41 | 36.8 | 39 | 86 | 101 |
| Cyclosporiasis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.2 | 1 | 0 | 0 |
| <i>E. coli</i> : Shiga Toxin-Producing (STEC) | 0 | 1 | 0.2 | 0 | 2 | 1 | 15 | 15 | 8 | 8 | 28 | 20 |
| Giardiasis | 3 | 8 | 4.4 | 4 | 10 | 10 | 79 | 86 | 76.8 | 80 | 151 | 157 |
| Hemolytic Uremic Syndrome | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.6 | 0 | 2 | 3 |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 2 | 2 | 2 | 7 |
| Salmonellosis | 12 | 13 | 8.8 | 10 | 23 | 21 | 256 | 211 | 225.6 | 220 | 617 | 522 |
| Shigellosis | 9 | 2 | 7.8 | 5 | 11 | 2 | 51 | 156 | 114.6 | 130 | 121 | 222 |
| Typhoid Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.8 | 0 | 2 | 2 |

Recently Reported Diseases/Conditions in Florida

| | Duval County | | | | | | Florida | | | | | |
|--------------------------------------|--------------|------|-------|---------|------------------|------|---------|------|-------|---------|------------------|------|
| | Month | | | | Cumulative (YTD) | | Month | | | | Cumulative (YTD) | |
| | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 | 2016 | 2015 | Mean† | Median¶ | 2016 | 2015 |
| D. Viral Hepatitis | | | | | | | | | | | | |
| Hepatitis A | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 8 | 8.4 | 8 | 23 | 18 |
| Hepatitis B, Acute | 2 | 0 | 0.4 | 0 | 5 | 1 | 53 | 37 | 26.2 | 27 | 96 | 61 |
| Hepatitis B +HBsAg in pregnant women | 0 | 6 | 3.2 | 2 | 1 | 8 | 29 | 34 | 35 | 35 | 68 | 57 |
| Hepatitis C, Acute | 0 | 0 | 0.2 | 0 | 0 | 1 | 28 | 9 | 11 | 9 | 51 | 22 |
| E. Vector Borne, Zoonoses | | | | | | | | | | | | |
| Animal Rabies | 2 | 5 | 1 | 0 | 4 | 12 | 228 | 259 | 196.8 | 192 | 441 | 539 |
| Chikungunya Fever | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 24 | 4.8 | 0 | 8 | 53 |
| Ciguatera | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 2.6 | 1 | 0 | 7 |
| Dengue Fever | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 3 | 6 | 3 | 22 | 7 |
| Eastern Equine Encephalitis†† | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 |
| Ehrlichiosis/Anaplasmosis¶¶ | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0.8 | 0 | 4 | 2 |
| Leptospirosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lyme Disease | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 6 | 5.6 | 6 | 19 | 13 |
| Malaria | 0 | 0 | 0.2 | 0 | 1 | 1 | 1 | 4 | 4.8 | 4 | 8 | 13 |
| St. Louis Encephalitis†† | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| West Nile Virus†† | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0.2 | 0 | 1 | 0 |
| Zika Fever | 0 | 0 | 0 | 0 | 0 | 0 | 38 | 0 | 0 | 0 | 44 | 0 |
| F. Others | | | | | | | | | | | | |
| Botulism-infant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.6 | 0 | 2 | 1 |
| Carbon Monoxide Poisoning | 0 | 1 | 0.8 | 0 | 0 | 1 | 24 | 15 | 8.8 | 6 | 40 | 30 |
| Hansen's Disease (Leprosy) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0.6 | 0 | 5 | 2 |
| Legionellosis | 1 | 1 | 1 | 1 | 3 | 3 | 22 | 31 | 17 | 14 | 47 | 57 |
| Vibrios | 1 | 0 | 0 | - | 1 | 0 | 5 | 6 | 4 | - | 15 | 15 |

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2015/2016 is provisional. **May include Non-Florida Cases.**

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for February 2016- All STD numbers are provisional.

For more STD surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

Infectious and Early Latent Syphilis Cases

| Sex | Area 4 | % | Duval | % |
|--------------------|----------|-----|----------|-----|
| Male | 7 | 78% | 7 | 78% |
| Female | 2 | 22% | 2 | 22% |
| Race | Area 4 | % | Duval | % |
| White | 1 | 11% | 1 | 11% |
| Black | 6 | 67% | 6 | 67% |
| Hispanic | 1 | 11% | 1 | 11% |
| Other | 1 | 11% | 1 | 11% |
| Age | Area 4 | % | Duval | % |
| 0-14 | 0 | 0% | 0 | 0% |
| 15-19 | 1 | 11% | 1 | 11% |
| 20-24 | 4 | 44% | 4 | 44% |
| 25-29 | 1 | 11% | 1 | 11% |
| 30-39 | 0 | 0% | 0 | 0% |
| 40-49 | 1 | 11% | 1 | 11% |
| 50+ | 2 | 22% | 2 | 22% |
| Total Cases | 9 | | 9 | |

Chlamydia Cases

| Sex | Area 4 | % | Duval | % |
|--------------------|------------|-----|------------|-----|
| Male | 158 | 30% | 126 | 31% |
| Female | 368 | 70% | 287 | 69% |
| Race | Area 4 | % | Duval | % |
| White | 113 | 21% | 73 | 18% |
| Black | 265 | 50% | 242 | 59% |
| Hispanic | 16 | 3% | 15 | 4% |
| Other | 132 | 25% | 83 | 20% |
| Age | Area 4 | % | Duval | % |
| 0-14 | 1 | 0% | 1 | 1% |
| 15-19 | 150 | 29% | 114 | 28% |
| 20-24 | 186 | 35% | 141 | 34% |
| 25-29 | 103 | 20% | 83 | 20% |
| 30-39 | 57 | 11% | 49 | 12% |
| 40-54 | 25 | 5% | 21 | 5% |
| 55+ | 4 | 1% | 4 | 1% |
| Total Cases | 526 | | 413 | |

Gonorrhea Cases

| Sex | Area 4 | % | Duval | % |
|--------------------|------------|-----|------------|-----|
| Male | 103 | 58% | 84 | 55% |
| Female | 76 | 42% | 68 | 45% |
| Race | Area 4 | % | Duval | % |
| White | 36 | 20% | 30 | 20% |
| Black | 107 | 60% | 95 | 63% |
| Hispanic | 2 | 1% | 2 | 1% |
| Other | 34 | 19% | 25 | 16% |
| Age | Area 4 | % | Duval | % |
| 0-14 | 1 | 1% | 1 | 1% |
| 15-19 | 27 | 15% | 21 | 14% |
| 20-24 | 55 | 31% | 45 | 30% |
| 25-29 | 41 | 23% | 34 | 22% |
| 30-39 | 33 | 18% | 31 | 20% |
| 40-54 | 17 | 9% | 16 | 10% |
| 55+ | 5 | 3% | 4 | 3% |
| Total Cases | 179 | | 152 | |

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using <http://www.floridacharts.com/merlin/freqrpt.asp>.

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILINet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (MMWR) disease incidence reporting and publishing. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all nine Duval County Hospitals are sending ED data to the ESSENCE system; an additional 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 14 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), Shands Jacksonville North (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

Florida Annual Morbidity Reports: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

Influenza Surveillance Reports:

<http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.htm>

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014



Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:

AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (904) 253-1850, Fax - (904) 253-1851
After Hours Emergency - (904) 434-6035

- ! **Report immediately 24/7 by phone upon initial suspicion or laboratory test order**
- ☎ **Report immediately 24/7 by phone**
- Report next business day
- + Other reporting timeframe

- ! **Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance**
- + Acquired immune deficiency syndrome (AIDS)
- ☎ **Amebic encephalitis**
- ! **Anthrax**
- Arsenic poisoning
- Arboviral diseases not otherwise listed
- ! **Botulism, foodborne, wound, and unspecified**
- Botulism, infant
- ! **Brucellosis**
- California serogroup virus disease
- Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- Carbon monoxide poisoning
- Chancroid
- Chikungunya fever
- ☎ **Chikungunya fever, locally acquired**
- Chlamydia
- ! **Cholera (*Vibrio cholerae* type O1)**
- Ciguatera fish poisoning
- + Congenital anomalies
- Conjunctivitis in neonates <14 days old
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue fever
- ☎ **Dengue fever, locally acquired**
- ! **Diphtheria**
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute
- ! **Glanders**
- Gonorrhea

- Granuloma inguinale
- ! ***Haemophilus influenzae* invasive disease in children <5 years old**
- Hansen's disease (leprosy)
- ☎ **Hantavirus infection**
- ☎ **Hemolytic uremic syndrome (HUS)**
- ☎ **Hepatitis A**
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ **Herpes B virus, possible exposure**
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
- HIV, exposed infants <18 months old born to an HIV-infected woman
- Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- ! **Influenza A, novel or pandemic strains**
- ☎ **Influenza-associated pediatric mortality in children <18 years old**
- Lead poisoning
- Legionellosis
- Leptospirosis
- ☎ **Listeriosis**
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- ! **Measles (rubeola)**
- ! **Melioidosis**
- Meningitis, bacterial or mycotic
- ! **Meningococcal disease**
- Mercury poisoning
- Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ **Neurotoxic shellfish poisoning**
- ☎ **Pertussis**
- Pesticide-related illness and injury, acute

- ! **Plague**
- ! **Poliomyelitis**
- Psittacosis (ornithosis)
- Q Fever
- ☎ **Rabies, animal or human**
- ! **Rabies, possible exposure**
- ! **Ricin toxin poisoning**
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! **Rubella**
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- ! **Severe acute respiratory disease syndrome associated with coronavirus infection**
- Shigellosis
- ! **Smallpox**
- ☎ **Staphylococcal enterotoxin B poisoning**
- ☎ ***Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)**
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- ☎ **Syphilis in pregnant women and neonates**
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! **Tularemia**
- ☎ **Typhoid fever (*Salmonella* serotype Typhi)**
- ! **Typhus fever, epidemic**
- ! **Vaccinia disease**
- Varicella (chickenpox)
- ! **Venezuelan equine encephalitis**
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! **Viral hemorrhagic fevers**
- West Nile virus disease
- ! **Yellow fever**

*Section 381.0031 (2), *Florida Statutes (F.S.)*, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."